



## 2006 DRAFT STATE FOREST MANAGEMENT PLAN

### COMMENTS

Contact information is requested in the event that clarification of your comments is required.

Name <input type="checkbox"/> Ms. / <input type="checkbox"/> Mrs. / <input type="checkbox"/> Mr. / <input type="checkbox"/> Dr.	Title	Telephone (     )
Affiliation		FAX (     )
Address		Email
City, State, ZIP		
<b>PLAN SECTION</b> (Please check all applicable Sections.)		
<input type="checkbox"/> Section 1 <input type="checkbox"/> Section 2 <input type="checkbox"/> Section 3 <input type="checkbox"/> Section 4 <input type="checkbox"/> Section 5 <input type="checkbox"/> Section 6 <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8		

**COMMENTS**    Please reference the Section Number(s) to which your comments are referring.

(Attach additional sheets, if necessary)

Please return by September 1, 2006 to:

[dnr-2006sfmp@michigan.gov](mailto:dnr-2006sfmp@michigan.gov)

or

FOREST, MINERAL AND FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30452  
LANSING MI 48909-7952

<<<<<THANK YOU FOR PARTICIPATING!!! >>>>>